

LIFE FAMILY CHIROPRACTIC CENTRES

5795 Balsam Dr., Hudsonville, MI 49426

Dr. Steve J. Swindle, DC

Payment Policy

Our office policy states that payment is due when services are rendered. As a courtesy to you we will file your insurance claims for you.

PLEASE read carefully and check the appropriate box which applies to you.

1. Cash/Check (MC/VISA/DISCOVER) **Flex Plan**

2. Group Insurance: All deductible amounts must be paid by you in advance of the first billing. Also, you must stay current with your percentage of responsibility. This clinic does not promise that an insurance company will pay. In the event that the insurance company disputes or rejects this claim, it will be the patient's responsibility to pay all the charges and pursue reimbursement from the insurance company on his/her own. **Flex Plan**

3. Automobile Insurance: Personal Injury from an automobile accident.

4. Worker's Compensation. You must have written authorization from your employer. If this is not possible, we will accept a verbal authorization, verifying the injury was work related.

5. Medicare

6. Medicaid

7. Trade Network, Inc Member. Please include you 10% check made out to Trade Network. There is no sales tax.

I _____, have read the above provisions and checked one method of payment. I hereby agree that the balance is my responsibility and will pay off any balance that has gone unpaid. There will be an 18% finance charged to any unpaid balance after 60 days. I understand that if collection action should become necessary for any monies due under this contract, I agree to pay any and all collection costs of up to 40%, court costs, and reasonable attorney fees.

Patient's Signature _____ Date _____